



HISTORIC PRESERVATION COMMISSION

APPLICATION FOR REVIEW BY THE HISTORIC PRESERVATION COMMISSION

I, the undersigned, do hereby respectfully make application for your review of my request concerning the property described below:

1. The property is located at _____ and _____ on the _____ side of the street as shown on Tax Map _____ and Parcel (s) _____. It has a frontage of _____ feet and a depth of _____.
2. The property is owned by _____
Address: _____ Telephone _____
3. The following is requested: _____ 1. Administrative Review
_____ 2. Cert. of Appropriateness

FOR: _____

4. Attached is a plot plan showing all dimensions of the lot and the existing and proposed improvements and necessary setback lines.

Date Submitted

Signature of Applicant

Application No.

To: North Carolina Department of Cultural Resources
Please make comments concerning the above application in the space provided, sign and return to this office as soon as possible. If you do not wish to comment, indicate this also, sign and return immediately to this office.

(Signature)

CITY OF SALISBURY

P.O. BOX 479, SALISBURY, NORTH CAROLINA 28145-0479

Agent Form

I, _____
do hereby appoint _____ as my duly
authorized agent to act and speak for me before the Salisbury
Historic Preservation Commission on the following matters:

(1)

(Signature)

Subscribed and sworn to before me this

____ day of _____, 19 ____.

Notary Public

My commission expires: _____

COLOR SCHEDULE

1. BODY OF HOUSE: _____
2. ROOFING: _____
3. FOUNDATION: _____
4. PORCH FLOOR: _____
5. RAILINGS: _____
6. COLUMNS: _____
7. ENTRANCE DOOR: _____
8. CORNICE: _____
9. CORNER BOARDS: _____
10. WINDOW SASH: _____
11. SHUTTER: _____
12. DOOR & WINDOW TRIM: _____
13. RAKE: _____
14. PORCH CEILING: _____

APPLICANT: _____

ADDRESS: _____

15. OTHER: _____



**HISTORIC PRESERVATION COMMISSION
OF THE CITY OF SALISBURY**

CERTIFICATE OF APPROPRIATENESS

Date: _____
No. : _____

The proposed improvements to the property located in the West Square Historic District have been reviewed by the Historic Preservation Commission and been found to conform with the guidelines set forth in the Salisbury Zoning Ordinance, Article XIV-01.

APPROVED:

This certificate is valid for 6 months from the date set forth below, and shall expire if no work has been commenced by that time.

Issued:

By: _____ (Chairman)

The undersigned certifies that all work covered under this certificate has been completed in accordance with any special conditions or modifications issued by the Historic Preservation Commission.

Approved: _____

By: _____ (Inspector)

CITY OF SALISBURY
P.O. BOX 479, SALISBURY, NORTH CAROLINA 28145-0479